

City of Clairton

License Application

Home / Commercial Contractor

(print)

Date: _____

Fee: \$25.00

ALL LICENSES EXPIRE ON THE 31ST DAY OF DECEMBER EACH YEAR

Applicant / Contractor Name: _____

Address: _____

Phone #: _____

Contractor / Company Name: _____

Address: _____

Phone #: _____

Type of Business / Work Performed: _____

Number of years engaged in this type of business: _____

Contractor's Insurance Company Name: _____

Policy #: _____

Evidence of Coverage: _____ Certificate Attached

Type of Coverage: _____ General Liability
_____ Personal Injury
_____ Property Damage
_____ Worker's Compensation

Applicant / Contractor's Signature: _____

Approved by: _____ Permit #: _____
(CODE ENFORCEMENT OFFICER)

Denied by: _____
(CODE ENFORCEMENT OFFICER)

Comment: _____
